

proceeds to an inquiry into the proper treatment, and decides in this case in favour of excision rather than of the ligature. The dangers of excision he regards as trivial, while the great superiority which it possesses over the ligature in the speedy removal of the growth is universally admitted.

The operation, which proved completely successful, was performed by placing the patient in the position for lithotomy. Two assistants kept the thighs properly bent, while a third made pressure on the hypogastric region. The operator having introduced a bivalve speculum, incised the two commissures of the cervix uteri with a probe-pointed bistoury, which permitted the polypus to enter the vagina. The speculum was then withdrawn, and two hooks being placed in the tumour it was gradually drawn down to the vulva. The operation was then completed by excising the pedicle of the polypus with a pair of curved scissors. The patient perfectly recovered.—*Ibid.* from *Gazette des Hôpitaux*, Jan. 8, 1842.

## OPHTHALMOLOGY.

53. *Mechanical Lesions of the Eye.*—Dr. O'BRIEN has published in the *Dub. Med. Press* a curious case in which a small nail was accidentally driven into the eyeball, and lodged there for many days.

The patient, a woman, said that, while shaking a carpet, she felt something sharp strike with force against her right eye. She became sick immediately, and shortly afterwards she found on her apron a gelatinous substance, which is supposed to have been the lens. When admitted into the hospital, there was so much tumefaction and ecchymosis of the eye that the cornea could scarcely be perceived except at one point, where there was seen to be a depression, from which a bloody fluid oozed out. There was no appearance of any foreign substance in the eye; and indeed the woman herself said that the nail had been found on the carpet. In spite of the most active antiphlogistic treatment, the inflammation and suffering increased for nearly a fortnight; and then an eschar formed about the centre of the cornea. Upon making a puncture there, a considerable quantity of purulent matter flowed out with decided relief to the symptoms. Dr. O'B. while making the puncture, thought that he felt the point of his lancet strike upon a hard substance, and therefore suspected that something was lodged in the eyeball. On the following day, his suspicions were confirmed; and he then extracted, not without some difficulty, a flat-headed nail of about three quarters of an inch in length. The inflammation quickly subsided; but, as a matter of course, the sight of this eye was irrecoverably lost.

MN. Cunier and Stievenart have related cases in the first vol. of the *Annales d'Oculistique*, where fragments of fulminating capsules had been driven into the eye. In one case an entire capsule was extracted between two and three months after the occurrence of the accident.—*Med. Chirurg. Rev.* July, 1842.

54. *Wounds of the Supra-ciliary Region.*—M. CONSTATT has, in the first volume of the *Annales d'Oculistique*, established by numerous historical and necroscopic researches that the blindness, which sometimes follows wounds of the supra-ciliary region, is, in almost every case, owing to some other cause than an injury of the frontal nerve, as is usually imagined. M. Walther, in a recent number of the *Journal der Chirurgie und Augenheilkunde*, alludes to several cases in which no blindness occurred, although this nerve had been positively divided either accidentally, or designedly, for the relief of neuralgia.

When loss of sight follows wounds about the forehead, he is inclined to attribute it to some simultaneous derangement of the organs contained within the orbit or the cranium, and not to any direct injury of the frontal nerve.

M. Walther endeavours to show that there is no direct communication between the frontal nerve and either the optic nerve or the retina; that even with the ciliary system of nerves its communication is only indirect through the medium

of the nasal nerve; and that impressions on it, (the frontal,) are transmitted to the eye through the medium of the encephalon. According to this view, there is therefore no direct, but only a reflex, continuity of action.

The nutrition of the eye is disturbed by any lesion of the ganglionic nervous filaments, which are distributed on this organ. Thus diseases of the neck, or operations performed in this part, will sometimes produce ophthalmia, or even an atrophy of the eye. If, then, says M. Walther, lesions of the great sympathetic nerve have so marked an effect on vision, why should not an injury of a branch of the trigeminus, which is well known to be so intimately connected with the eyeball, produce the same results?

The French Medical Gazette adds to its analysis of M. Walther's paper a case where blindness followed a slight wound of the forehead, although there was no obvious commotion either of the eyeball or of the encephalon. The blindness in this case was owing not to amaurosis but to the presence of a cataract: in consequence probably of the nutrition of the eye being disturbed.—*Med. Chirurg. Rev.* July, 1842.

55. *Exophthalmia, with Œdema of the Conjunctiva, and Opacity of the Crystalline Lens in a Puerperal Woman.* By M. BLANDIN.—A woman forty-one years of age, was delivered, after a tedious labour, on December 3d, 1841. For fifteen days no unusual symptom occurred, but on the sixteenth and seventeenth day the patient was attacked by a violent shivering fit. On the eighteenth day, however, she returned from the hospital to her own home, and for some days afterwards suffered from febrile attacks, though they were no longer preceded by severe shivering. From the 25th of December the right eye began to project, the patient suffering little beyond a sense of weight in the head, principally in the supra-orbital region. Vision was at first unimpaired, but failed as the exophthalmia increased, and at last the patient became quite blind of that side. In this condition the patient applied to M. Blandin, at the Hôtel Dieu. There was then considerable prominence of the right eye, the conjunctiva of the globe was prominent, red, and swollen, and evidently infiltrated. The cornea was natural, the aqueous humour retained its transparency, and there was no evident change in the structure of the iris, but it had lost its contractility, and the eye was uninfluenced by exposure to a strong light. The crystalline lens appeared opaque, and of a shining, milk-white colour; the anterior membranes of the lens being in all probability the seat of the opacity. The volume of the globe was normal, the pain in the affected parts was inconsiderable, and no tumefaction existed of the parotid or cervical glands. The intellectual faculties were perfect and the general health was good.

In his remarks on the case M. Blandin offers some observations on the diagnosis of the affection. Some ramifications of the conjunctiva gave exit to a small quantity of pus from its inferior external portion. From that time the eye gradually retreated into the orbit, and from these circumstances M. Blandin concludes that there existed a small abscess behind the eye. The cause of the formation of this abscess is open to debate. It might be one of those purulent deposits occasionally met with in puerperal women. M. Blandin, however, regards it rather as the result of phlebitis, probably of the ophthalmic vein. He is likewise disposed to regard the affection as altogether analogous to *phlegmosia dolens*, in which disease the femoral vein becomes obliterated, just as here, in all probability, the ophthalmic vein was. On any other supposition the opacity of the capsule of the crystalline lens does not admit of explanation; while, in two other instances in which this lesion of the ophthalmic vein was discovered after death, precisely this condition of the crystalline lens had been noticed during the lifetime of the patient.—*British & Foreign Med. Rev.*, Oct. 1842, from *Gazette des Hôpitaux*, Jan. 27, 1842.

56. *Treatment of Leucoma by Incisions into the Cornea.* By D. HOLSCHER.—Two cases are related in which this treatment was adopted. The case which suggested it was that of a girl, twenty-two years old, who had lost the left eye

from purulent ophthalmia in infancy, and in whom the right was almost blind from leucoma of nearly the whole cornea. Various means had been used in vain. The author, therefore, made an artificial pupil by drawing the iris through the cornea and excising a portion of it. Severe inflammation ensued which was with difficulty managed; but three months after, the patient not only had a good artificial pupil, but the cornea had become much less leucomatous, and this especially at the part where the incision through it had been made. The next bad case of leucoma, therefore, which the author met with, he treated as follows: the patient was a lad fourteen years old, who had lost his right eye from purulent ophthalmia in infancy, and had leucoma of nearly all the left cornea. At four different times, with intervals of eight days, a common cataract knife was passed into the cornea as deep as possible without penetrating it, and was drawn out with a sliding motion. After the first three times no inflammation ensued; therefore, after the fourth, some *tinet. opii* was dropped into the wound three times a day. Severe inflammation set in, but it was moderated by local bleeding, and the treatment by opium was continued for two months. The leucoma became gradually less, and the patient who could at first only discern light from darkness, became able to guide himself in walking, and to perceive the window-frames in his room. The second case was that of a man forty years old, who had leucoma of one eye from gonorrhoeal ophthalmia. It had been variously but vainly treated for a year. The author made incisions into the cornea twice, with an interval of fourteen days. After the second, a tolerably severe inflammation ensued which required active treatment. As soon as it had ceased, sulphate of zinc and tincture of opium were again dropped into the eye, and after a year and a half, not a trace of leucoma could be seen.—*Ibid.* from *Holscher's Hannoversche Annalen*, Sept. 1841.

[Further evidence of the safety as well as efficacy of this plan of treatment will be required, before we shall be induced to repose any confidence in it.]

57. *Local employment of Calomel in Ophthalmia Neonatorum.*—A short time since, Dr. Kluge began to use calomel as a local application in cases of ophthalmia of new-born infants which came under his care in the lying-in department of the Charité at Berlin. The results were extremely fortunate, and Dr. v. Siebold of Göttingen, who was induced to try the remedy, has obtained from its employment very great success.

The manner of introducing the calomel into the eye is by means of a camel's hair pencil loaded with the powder, which is shaken from it into the eye, while an assistant separates the lids. In the treatment of the ophthalmia neonatorum this remedy may be had recourse to as soon as the first traces of the disease appear, and its employment once daily is then in general sufficient. After the lapse of from half an hour to two hours, according to the quantity of the secretion, the eye may be washed from the powder, and the ordinary rules as to cleanliness be attended to. In severe cases the application may be repeated twice every day; but when the disease is mild a single application daily suffices to effect a cure in from four to ten days, if the remedy had been had recourse to from the outset. The more severe and intractable forms of the disease do not appear to have been benefited by the local employment of the calomel.—*Ibid.* from *Medicinische Zeitung*, June 8, 1842.

## MIDWIFERY.

58. *Puerperal Fever in Doncaster.*—ROBERT STORRS, Esq., of Doncaster, relates, in the *Prov. Med. Journ.*, April 23, 1842, several cases of puerperal fever which occurred in his practice during the months of January, February, and March, 1841, followed by some interesting remarks on what he considers to be the true origin of the disease. "During the whole of the winter of 1840-1," he observes, "erysipelas, typhus fever, and scarlatina of a malignant form, prevailed